



Home Visiting Home Runs

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The Monthly Newsletter from the Home Visiting - Improvement Action Center Team(HV-ImpACT)

What's Inside?

[National Breastfeeding Awareness Month: It Takes a Village Empowering Home Visitors to Improve Breastfeeding Rates](#)
[Spotlight on the ACF Early Childhood Research Conference](#)
[Resources](#)
[Upcoming Events](#)

National Breastfeeding Awareness Month: It Takes a Village

Joan Younger Meek, MD, MS, RD, FAAP, FABM, IBCLC

August is National Breastfeeding Awareness Month and a time for all of us to support, protect, and promote breastfeeding. Breastfeeding is important, and we all play a role in supporting breastfeeding mothers, children, and families.

The American Academy of Pediatrics (AAP) (<http://bit.ly/2aa3db2>) recommends breastfeeding exclusively for about the first six months of life, followed by continued breastfeeding through at least the first year of life, after solids are added to the baby's diet. The AAP says that breastfeeding should be considered the standard for infant feeding and that we should promote breastfeeding as a matter of public health. Breastfeeding results in the best outcomes for both babies and their mothers.

Babies benefit from breastfeeding through:



- Optimal growth and development
- Prevention of infection, especially due to ear infections, infections of the gastrointestinal tract causing vomiting and diarrhea, and pneumonia
- Improvement in immunity
- Lower risk of sudden unexplained infant death syndrome, commonly known as SIDS
- Decreased risk of obesity, diabetes types 1 and 2, and certain childhood cancers, such as leukemia and lymphoma

Mothers also benefit from breastfeeding their children by:

- Quicker recovery after delivery
- Less chance of developing breast and ovarian cancers
- Decreased risk of obesity, type 2 diabetes, and heart disease

Breastfeeding saves money, because formula is much more expensive; it saves the environment, with less waste going into landfills; and it even saves lives, since fewer breastfed babies die during the first year of life. Breastfeeding is especially important for premature babies and those babies who start out in the NICU.

Most mothers, about 80%, start out breastfeeding, but many stop breastfeeding before their baby is even six months old (<http://bit.ly/29I2Yqo>). In addition, there are major differences in how often mothers start breastfeeding and how long they continue, based on their race and ethnicity or where they live. African American babies are least likely to breastfeed, as are babies born in the Southeastern part of the U.S. Unfortunately, these groups are also most likely to have the highest death rates in the first year of life.

As noted in the Surgeon General's 2011 Call to Action to Support Breastfeeding (<http://bit.ly/29Ymtff>), families encounter many barriers that make it difficult for them to continue breastfeeding. In order to be successful, families need:

- Supportive hospital environments, such as those found in hospitals designated as Baby-Friendly by Baby-Friendly USA®
- Health care systems and doctors that support breastfeeding and provide assistance to mothers who are having difficulty
- Communities that recognize the importance of supporting mothers and babies to breastfeed and provide places for mothers to breastfeed in public
- Employers that provide breaks and a space for mothers to either express breast milk or breastfeed in the workplace (See Supporting Nursing Moms at Work: <http://bit.ly/1J5JsOe>)
- Child care settings that support the mother's decision to breastfeed

Home visiting can provide support to the breastfeeding mother in the comfort of her own home. Getting both herself and her baby dressed to go to appointments can be quite a chore. The home visitor can help the mother feel comfortable that she is breastfeeding well and that her baby is getting enough to eat.

The home visitor can help:

- Reassure partners, grandparents, or other family members that breastfeeding is important and best for mom and baby
- Encourage the mother to continue breastfeeding - the longer the mother keeps breastfeeding, the healthier she and her baby will be
- Reinforce that breastmilk will provide what the baby needs, without additional formula
- Refer the mother to her doctor or her baby's health care provider if she still has questions about how breastfeeding is going or is having trouble with painful latching or sore nipples or breasts

The successful peer counselor program within the USDA WIC program has shown that mothers are willing to accept advice from those that they trust and with whom they can identify. Many countries provide routine home visiting after delivery for breastfeeding support. It really does take a village to support breastfeeding moms and babies, and home visitors can be an important part of that village of support.

Resources:

American Academy of Pediatrics HealthyChildren.org: <http://bit.ly/29I3kwS>

Centers for Disease Control and Prevention: <http://bit.ly/1VJoFCW>

Office on Women's Health: <http://bit.ly/1foEy32>

USDA Loving Support Makes Breastfeeding Work: <http://bit.ly/29zFFN9>

[Back to top](#)

Empowering Home Visitors to Improve Breastfeeding Rates

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There are many factors that influence a woman's decision on how to best meet her infant's nutritional needs. Extensive research shows that there are critical time points to support the successful initiation and continuation of breastfeeding. These time points begin as early as possible in pregnancy and continue through the postpartum period. The home visitor's role during this significant stage offers an opportunity unlike that of most other providers in the life of a woman and her family. The trusting and long-term relationship that home visitors have with their clients allows the home visitor to provide support and critical information on the benefits of breastfeeding over an extended period so that a client can make an informed decision and strengthen her intention to breastfeed. Local Implementing Agencies (LIAs) have an important role to play in engaging their home visitors in supporting the process, delivery, and timing of breastfeeding support to their clients.

When working with home visitors in Boston, I led a diverse Quality Improvement (QI) team that included home visitors, site managers, WIC partners, and the state breastfeeding advocate. Together, we developed an Infant Feeding Toolkit that was purposely designed around the timing of home visits, the language and literacy level

of clients, the resources most helpful to their community, and referrals to formal and informal supports essential for supporting a client to meet her individualized infant feeding goals.

The toolkit is divided into 5 sessions:

- Session 1: Confirm breastfeeding intention and readiness to address related concerns
- Session 2: Complete individualized Infant Feeding Plan
- Session 3: Support early breastfeeding initiation
- Session 4: Support continuous, exclusive breastfeeding upon transitioning home
- Session 5: Confirm continuous breastfeeding and, if necessary, closing the loop with referrals and other formal/community-based supports

While the resources in the Infant Feeding Toolkit can be used as is, they can be further enhanced when program staff works together to tailor the toolkit to their community, client needs, and home visiting model. LIAs can empower home visitors to be part of a QI team to adapt this toolkit or other resources to better meet the unique needs of their program and clients. QI is a process that empowers all members of the team by engaging home visitors and clients to inform the development and use of tools and resources tailored to their home visiting model and the community they serve. With our work around breastfeeding, clients reported feeling more supported because their voice and concerns were taken into consideration when the home visitors used the toolkit, and as a result, clients participating in the breastfeeding improvement project remained engaged and active in the program. Simultaneously, home visitors reported increased confidence in promoting and supporting breastfeeding because they received reassurance and feedback from clients and were then able to deliver personalized services based on a client's interests and needs.

A rapid cycle testing process can be used to allow these tools to be developed and tested on a small scale and maximize learning with minimal costs in time, material, or frustration. This approach helps gain buy-in, increase the belief by all involved that the changes being tested will lead to an improvement, and helps to ensure that the improvements are sustainable because the staff and families impacted most directly by these changes were actually involved in the process of testing the improvements.

If you are interested in receiving a copy of the Infant Feeding Toolkit, please email HV-ImpACT@edc.org. Include your name and email address.

References:

Fitzgerald, EL. Building Perinatal Case Manager Capacity Using Quality Improvement. *The Journal of Perinatal Education*, Winter 2015, Volume 24, Number 1.

Mackrain M, Fitzgerald E, Fogerty S, Martin J, O'Connor R, Arbour MC. The HV CoIIN: Implementing Quality Improvement to Achieve Breakthrough Change in Exclusive Breastfeeding Rates within MIECHV Home Visiting. *MIECHV TACC*, June 2015.

[Back to Top](#)

Spotlight on the ACF Early Childhood Research Conference

The Administration for Children and Families' biennial research conference took place in Washington, DC on July 11-13. This was the 13th research conference though it had a new name this year. Formerly known as the Head Start Research Conference, the name change reflected the new emphasis on integrating all sectors of early care and education for children from birth to five. There were 1,300 participants this year, including researchers, practitioners, and policy makers. Sessions on home visiting and issues related to home visiting were woven throughout the conference and the poster sessions. Tuesday's morning plenary session was about universal home visiting. This article will spotlight four of the sessions related to home visiting.



- **Plenary Session - Universal Home Visiting: Evidence of Impact.** In this session, Kenneth A. Dodge of Duke University and Barbara DuBransky of First Five LA shared their experiences in implementing a universal home visiting initiative in their communities. Durham, North Carolina uses the *Connects Program*, a short-term, universal way to reach, screen, and support all families in a community shortly after a child is born, with universal home visiting seen as a compliment but not a replacement for more intensive targeted TA to families. Los Angeles uses funds acquired from settlements with tobacco companies to implement a universal, voluntary, strength based approach using Welcome Baby with mothers who deliver their babies in one of thirteen hospitals in LA County as part of the county's *Best Start* initiative. Both presenters and discussant Deborah Daro from Chapin Hall at the University of Chicago shared strengths, challenges, research findings, and lessons learned from their projects.
- **State of States' Maternal, Infant, and Early Childhood Home Visiting Evaluations.** This session presented information about the research designs and preliminary evaluation results from the states of Arkansas, Texas, and Washington. Arkansas' evaluation is focusing on the relationship between maternal depression and retention and family engagement in home visiting services. Father participation in home visiting is among the six ongoing evaluations in Texas. Washington is evaluating the effectiveness of its hub system, a statewide centralized system of support.
- **Consultation and Home Visitor Implementation Approaches to Parenting Interventions in Early Head Start: Lessons Learned and What's Next for the Buffering Toxic Stress Consortium.** The Buffering Toxic Stress Consortium is a set of six grants that examine the question of whether parenting interventions in Early Head Start (EHS) can buffer toxic stress. Presenters described two approaches to supplementing EHS with parenting interventions - training and supervising existing EHS home visitors or using mental health professionals to implement the parenting intervention.

- **Relationships Matter: Observing and Measuring in Home Visiting (A Tribute to Kathy Barnard)**. This session presented recent observation-based measures to describe home visiting processes, understand home visit quality, increase home visitors' attention to and appreciation of the parent-child relationship, inform mechanisms of support staff, and improve practices and communications with families. It was also a tribute to Kathy Barnard, one of the true visionaries on the importance of the infant-parent relationship.

[Back to top](#)

Resources

Maternal depression

- **Centers for Medicare and Medicaid Services (CMS), Centers for Medicaid and CHIP Services Informational Bulletin - Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children**

"This informational bulletin discusses the importance of early screening for maternal depression and clarifies the pivotal role Medicaid can play in identifying children with mothers who experience depression and its consequences, and in connecting mothers and children to the help they need. State Medicaid agencies may cover maternal depression screening as part of a well-child visit. In addition, states must cover any medically necessary treatment for the child as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit." <http://bit.ly/1X1rAuv>

- **Seizing New Policy Opportunities to Help Low-Income Mothers with Maternal Depression: *Current Landscape, Innovations, and Next Steps***

This report from the Center for Law and Social Policy (CLASP) summarizes opportunities to help low income mothers with maternal depression that are highlighted in several recent documents including:

- Guidance issued by CMS on May 11, 2016 (see above)
- The March 2, 2016 joint guidance letter from CMS and HRSA about how states can appropriately draw on Medicaid funding to support home visiting
- The January 26, 2016 U.S. Preventive Services Task Force (USPSTF) recommendations to screen for depression in the general adult population, including pregnant and postpartum women

The report underscores the importance of identifying and treating maternal depression in low-income mothers and shares lessons learned through a scan of federal, state, and local efforts to seize this opportunity. <http://bit.ly/29JGZi0>

- **Moms' Mental Health Matters**

The National Child and Maternal Health Education Program through the National Institutes of Health recently launched the "Moms' Mental Health Matters "

campaign to help consumers and providers learn who is at risk for depression and anxiety, how to recognize the signs, and how to get help. <http://bit.ly/1X0iBYq>

Breastfeeding

- **It's Only Natural**

The Office on Women's Health at the U.S. Department of Health and Human Services (HHS) created "It's Only Natural" to offer African American moms the knowledge, help and support they need to breastfeed. The goal of the campaign is to increase awareness of the benefits of breastfeeding to mom and baby while also providing practical "how-to" information. The site includes handouts and video-clips related to planning ahead, overcoming challenges, addressing myths, finding support, and fitting it into your life. It also includes links to fact sheets, posters, and support materials for partners. <http://bit.ly/29xr9EH>

- **An Easy Guide to Breastfeeding for American Indian and Alaska Native Families**

This brochure was developed by the Department of Health and Human Services (HHS) (<http://bit.ly/29xW3An>). A similar brochure is available in Chinese (<http://bit.ly/29JGI3M>).

- **Resources from the American Congress of Obstetrics and Gynecologists**

The American Congress of Obstetricians and Gynecologists (ACOG) has issued two committee opinion papers related to breastfeeding. In February 2016 it issued Committee Opinion #658, Optimizing Support for Breastfeeding as Part of Obstetric Practice (<http://bit.ly/20qLjo1>). This was preceded in August 2013 by Committee Opinion # 570, Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding (<http://bit.ly/1HGwyZh>).

[Back to top](#)

Upcoming Events

Division of Early Childhood (DEC) 32nd Annual International Conference on Young Children with Special Needs and their Families - (October 18-20, 2016; Louisville, KY) Save the date for the DEC's 32nd Annual International Conference on Young Children with Special Needs and their Families. This year's theme is A Winning Trifecta: Knowledge, Implementation, and Evaluation of DEC Recommended Practices. It will take place at the Galt House hotel, in Louisville, KY. Register here: <http://bit.ly/29yYK07>

Sixth National Summit on Quality in Home Visiting Programs - (November 15-16; Arlington, VA) Hosted by the Ounce of Prevention Fund, join researchers, advocates, policymakers, and practitioners who will address key issues facing the home visiting field. This two-day event will continue to serve as the national forum for the exchange of home visiting initiatives, best practices, and lessons learned. Register

here: <http://bit.ly/29DKtop>

ZERO TO THREE Annual Conference 2016: Building Powerful Connections

- (December 7-9; New Orleans, LA) ZERO TO THREE will host its annual multidisciplinary education and networking event (formerly the National Training Institute-NTI) for early childhood professionals. Connections have power: the power to calm, the power to heal, and the power to transform. The conference will help attendees build the powerful connections they need to support young children and their families in reaching their full potential. Register here: <http://bit.ly/2aa3Vot>

List your event with us. If you wish to have a regional or state event listed in the *Home Visiting Home Runs* newsletter, send the following information to srudick@edc.org. Submissions must be received no later than the 10th of the month prior to the event.

- Name of event
- A brief description
- Dates
- Location
- Cost
- Registration information with link

[Back to top](#)
